

FILED SEP 5 1941

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

28402

Do not use this space.

## 1. PLACE OF DEATH

(a) County GrundyRegistration District No. 328(b) Township JEFFERSONPrimary Registration District No. 5461

Registered No. ....

(c) City Jefferson

(d) Street No. ....

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 62 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Merritt Scott Moore(a) Residence, No. R. D. 1, 1st Mo.St. ☐

(Usual place of abode, no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Elizabeth J. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 25, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

741013

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 75 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Linn County Missouri

FATHER

13. NAME

J. B. Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Kentucky

MOTHER

15. MAIDEN NAME

Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Linn County Missouri

17. INFORMANT (ADDRESS)

Shanton R. Moore

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson City DATE 6-10-41

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

James A. Davis20. FILED 6-10-41James A. Davis

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8<sup>th</sup> 194122. I HEREBY CERTIFY That I attended deceased from June 1<sup>st</sup> 1941 to June 8<sup>th</sup> 1941I last saw him alive on June 8<sup>th</sup> 1941 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia June 1<sup>st</sup> 1941

Other contributory causes of importance:

Name of operation None Date of June 1<sup>st</sup> 1941What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury June 8<sup>th</sup> 1941Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Chronic Bronchitis(Signed) Chas. P. Duffy M. D.(Address) Jefferson City

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*Myself -*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Raymond A. Davis*

Licensed Embalmer No. *3424*

P. O. Address *Denton, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

*80*